

**PHYSICAL EXAMINATION (Must be completed by a Physician, PAC, or CRN)**

*(A current school or sports physical may substitute, if done during the current school year. A photocopy must be included in YMRB.)*

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Vision Screen \_\_\_\_\_

Hearing \_\_\_\_\_ Lungs \_\_\_\_\_

Heart Rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Hernia \_\_\_\_\_

Neurological Examination \_\_\_\_\_

**Are there any restrictions or accommodations needed for the following activities?**

Activities	Yes	No	Remarks (“Yes” require remarks)
Competitive Sports			
Physical Training			
Swimming			
Classroom			
Other			

I, certify that \_\_\_\_\_, **is/ is not** physically and medically fit to participate in the Young Marines.

Please provide additional remarks or instructions, if participation in the Young Marines is conditional due to any medical conditions not provided in the remarks above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner’s Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

Print Examiner’s Name \_\_\_\_\_ Title \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Telephone Number (\_\_\_\_) \_\_\_\_\_